

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER 3rd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
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TOTAL NO.	2		2			
TOTAL OFF.	14		9			
TOTAL	16		11			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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